

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3237

FILED NOV 16 1962

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester		Length of stay in lb 3 mos.	c. CITY OR TOWN Bridgeton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4206 Fee Fee Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First AUGUST Middle F. Last Grotpeter			4. DATE OF DEATH Month Nov. Day 4 Year 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-1878	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Olivette, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Herman Grotpeter		13b. MOTHER'S MAIDEN NAME Otillia Werremeyer	
14. NAME OF HUSBAND OR WIFE Wilhelmina Grotpeter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT Wilhelmina Grotpeter-4206 Fee Fee			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure DUE TO (b) Shock DUE TO (c) Profuse Intestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hour 16 hours
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arterio-sclerosis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year Nov. 2nd, 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Manchester, Mo.	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from Nov. 2nd, 62 to Nov. 3rd, 62 and last saw him/her alive on Nov. 3rd, 1962 Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Rachel W. Zaffey, R.P.	22b. ADDRESS Box 122 Manchester, Mo.	22c. DATE SIGNED 11-5-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-7-1962	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Cemetery	23d. LOCATION (City, town, or county) (State) Olivette, Mo.
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25. DATE RECD. BY LOCAL REG. 11-5-62		26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.
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BAUMANN BROS. INC. FUNERAL HOME
2504 WOODSON ROAD
OVERLAND 14, MISSOURI
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSOURI
DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Van M. Sigmore

Licensed Embalmer No. 4343

P. O. Address

St. Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.